

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9-10-10

Address: 11900 Outerbein Rd

Case #: 45151748

Laconia, In 47135

County: Harrison

## Type of Laboratory Seizure (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel  
☒ Outbuilding ☐ Open -- No Structure  
☐ Vehicle ☐ Other: \_\_\_\_\_

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: outbuilding, RESIDENCE  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): 2 in shed  
☒ Corrosive Acid: shed  
☒ Corrosive Base: shed  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check one)

- ☒ Yes 1 (number present)  
☐ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: \_\_\_\_\_

## This report is to be faxed to the following agencies that serve the location:

Fire Department: HEATH TWP

Fax: NA

Health Department: HARRISON CO

Fax: 812-738-4292

Child Protection Service: HARRISON

Fax: 812-738-8166

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: JACKIE SMITH Phone 812-246-5424

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.